



EXPRESS MAIL NO. EL 755733398US

# 8

**APPLICATION DATA SHEET****Application Information**

Application number:: 09/978,600  
Filing Date:: October 15, 2001  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: No  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: Yes  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title ::  
DIAGNOSTIC AND THERAPEUTIC  
COMPOSITIONS FOR ALZHEIMER'S  
DISEASE  
Attorney Docket Number:: 660088.401C9  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 9  
Small Entity?:: No  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency:: No  
Contract or Grant No::  
Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Corinna  
Middle Name::  
Family Name:: Herrnsstadt  
Name Suffix::  
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State or Province of Residence:: CA  
Country of Residence:: US  
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City of mailing address:: San Diego  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92130

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Soumitra  
Middle Name:: S  
Family Name:: Ghosh  
Name Suffix::  
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State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92129

**Correspondence Information**

Correspondence Customer Number :: 00500

**Representative Information**

Representative Customer Number::		00500
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation	09/448,312	11/23/99
09/448,312	Continuation	08/413,740	03/30/95
08/413,740	Continuation-in-part	08/219,842	03/30/94

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	MITOKOR
Street of mailing address::	11494 Sorrento Valley Road
City of mailing address::	San Diego
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	92121